

10/00/785

Application or Docket Number

MSI-145RUS

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS | 54 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 54 minus 20= | * 34 |
| INDEPENDENT CLAIMS | 8 minus 3 = | * 5 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

1-19-07

| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (Column 1) (Column 2) (Column 3) | | |
|---|-------------|---|-------|---|------------------|----------------------------------|------------------------|------|
| | | | | | | RATE | ADDI- TIONAL FEE | RATE |
| | Total | * | Minus | ** | = | | | |
| | Independent | * | Minus | ** | = | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | | | |

AMENDMENT B

| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (Column 1) (Column 2) (Column 3) | | |
|---|-------------|---|-------|---|------------------|----------------------------------|------------------------|------|
| | | | | | | RATE | ADDI- TIONAL FEE | RATE |
| | Total | * | Minus | ** | = | | | |
| | Independent | * | Minus | *** | = | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | | | |

AMENDMENT C

| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (Column 1) (Column 2) (Column 3) | | |
|---|-------------|---|-------|---|------------------|----------------------------------|------------------------|------|
| | | | | | | RATE | ADDI- TIONAL FEE | RATE |
| | Total | * | Minus | ** | = | | | |
| | Independent | * | Minus | *** | = | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

| | | | |
|-----------|--------|--------------|--------|
| RATE | FEES | RATE | FEES |
| BASIC FEE | 375.00 | OR BASIC FEE | 750.00 |
| X\$ 9= | | OR X\$18= | 612 |
| X42= | | OR X84= | 420 |
| +140= | | OR +280= | |
| TOTAL | | OR TOTAL | 1782 |

SMALL ENTITY
OTHER THAN
SMALL ENTITY

| | | | |
|------------------|------------------------|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| X\$ 9= | | OR X\$18= | |
| X42= | | OR X84= | |
| +140= | | OR +280= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| | | | |
|------------------|------------------------|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| X\$ 9= | | OR X\$18= | |
| X42= | | OR X84= | |
| +140= | | OR +280= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| | | | |
|------------------|------------------------|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| X\$ 9= | | OR X\$18= | |
| X42= | | OR X84= | |
| +140= | | OR +280= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |